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APPLICANTS

Jerry Blevins, Toms Brook, VA;

** CONTINUING DATA *****

This application is a DIV of 09/796,368 03/02/2001 PAT 6,691,349
 which claims benefit of 60/186,345 03/02/2000
 and is a CIP of 08/835,991 04/11/1997 PAT 5,996,150

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/04/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	VA	DRAWING 11	CLAIMS 8	CLAIMS 2
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

Hoffman, Wasson & Gitler, P.C.
 Suite 522
 2361 Jefferson Davis Highway
 Arlington , VA
 22202

TITLE

Patient bed with leg lifter

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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